

Reducing the Need for Children to Become Looked After Strategy

Business Proposal

26/01/2009

The Strategy

Reducing the need for children to become looked after requires a range of interventions and services at various stages of the referral pathway into care. A preventative strategy needs to address meeting children's needs prior to becoming looked after, at the point of entry and once children are unable to return to their families of origin. It is important to bear in mind that most of the children who enter the care system in the coming year will not remain in it. It is important that any strategy aimed at supporting children to remain with families is enduring and that children returning to their families are carefully supported.

1. Whole Systems Approach & Corporate Buy In

The councils who have most success with reducing the need for children to become looked after have had support for all levels of the local authority and from key partners. The key to success in other local authorities who have had success has been a commitment to multi agency working on a strategic and operational level to the objective of reducing the numbers of children entering the care system

Proposal 1: That the strategy to reduce the need for children to become looked after is signed up to by key members, Young Southwark, the SSCB and key Partners.

2. A Family Support Strategy

Most local authorities have made overt connections between their family support strategies and the reduction in the need for children to become looked after.

Preventative work at level 2 in some local authorities has been closely linked to Performance Indicators the reduction in the number of looked after children within their area. It will also be critical to link the strategy to the commissioning of services at a borough and locality level.

Proposal 2: The Parenting Strategy should be clearly linked to the target of reducing the need for children to become looked after. This should be embedded in the strategy.

3. Understanding the population of Children Looked After and those on the edge of Care

Local Authorities who have managed to reduce the need for children to become looked after have developed a coherent and enduring understanding of the children within their care systems. They have also developed a culture of management overview of the care plans for ALL children looked after within the system.

Understanding the population can help with addressing any issues of drift in care planning and also assist in projections around costs etc.

It is also important that some additional information such as geographical origins of children within Southwark is added to assist locality working and commissioning. The educational needs of the children becoming looked after, particularly for children over 8 will be critical.

In the longer term with the development of whole systems databases tracking the pathways of children into the care system (schools, SEN, Health etc) will be critical for learning.

Proposal 3 : As a minimum data set the information available in the statistical analysis (Section 2) should be replicated on a quarterly or even monthly basis.

4. Understanding the costs of Children Looked After and those on the edge of Care

Part of the benefits of this strategy should be a reduction in costs and in the budgetary commitment for Children Looked After. Understanding the costs of children looked after and in particular the full costs of the most expensive placements can assist in both projections and also cost comparisons with across the system and also profile the most costly children and associated costs.

Proposal 4 : Lessons arising from the Costs and Outcomes DFES research should be taken on board and used as a basis for looking at how costs can be reduced. (See appendix 1)

5. Stakeholder Engagement

Engagement with key stakeholders is a critical aspect of the process for reducing the need for children to become looked after. As the referral pathways are diverse and the issues are complex and depend on such factors as the age of the children, parental difficulties, the nature of the presenting problem, the level of immediate risk etc care must be taken to ensure the full range of stakeholders are engaged. Stakeholders should not feel that they are being left to hold untenable levels of risk.

Many agencies will be managing the children and young people with the highest level of risk in the borough. Making them aware of the alternatives to having children enter the Care system and providing immediate support for these agencies is a key part of any strategy. It should not be forgotten that social workers are key stakeholders in this process and ensuring that they fully understand the strategy has proved to be critical in all boroughs.

A list of key stakeholders would include:

- Social Care Workers and Managers
- Youth Offending Team
- CAMHS

- Housing
- Police
- Adult Agencies and in particular those working with parental substance misuse and mental health problems
- CAFCASS
- Legal Department
- Schools
- Early Years
- Voluntary Sector Providers
- QAU
- Safeguarding Board

Proposal 5: The strategy should be shared with and developed with key stakeholders and should develop in response to the feedback provided.

6. Children Currently in the long term system

6.1 Care Orders

Children in long term placements: Some Local Authorities have successfully reduced the numbers of children looked after through a robust and positive approach to supporting foster carers looking after children who are in effect placed with them long term. Agreeing to maintain levels of financial support for children unlikely to leave the system while reducing other costs associated with Social Work activity has been a successful strategy and in Kent for instance (care population 1200) led to a reduction of 50 children looked after. Most local authorities in order to ensure some level of support for foster carers in these situations have established teams who provide ongoing assistance and support.

Management overview of all children's care plans by senior managers and avoiding drift is equally critical in effecting permanency or early rehabilitation.

Senior Managers on a quarterly basis should formally review all children placed with parents under a Full Care order. The care plan for all such children should explicitly lay down what action is required and time frames for the care order to be revoked.

Steps have already been taken to monitor permanency planning and in particular adoption planning for children and this should continue.

Proposal 6: Systems should be put in place to ensure that all children entering the care system have their care plans reviewed formally by senior managers. For children who have been looked after for less than 8-12 weeks this should be on a fortnightly basis. For children who have been in the system for longer this should be on a less frequent basis.

Proposal 6.1: A decision at a senior management level should be made about the level of financial support available to foster carers wishing to seek a RO or SGO.

Proposal 6.2: The current resources available to support carers looking after children under Residence Orders and Special Guardianship Orders should be extended and the service extended to support foster carers who may need additional future support. If the strategy were successful this might be funded from any savings in foster carer link workers.

7. Targeting those most at risk of becoming looked after and those remaining in care for longer than a year

Children Subject to CP Plans

Currently in Southwark any year approximately 10-20% of all children subject to a Child Protection Plan (approx 400-450) will become subject to Care proceedings (80 children subject to proceedings per year). This is in keeping with National Figures. Most of these are young children whose parents have acute or chronic difficulties. Most live in poverty or with high levels of deprivation. Substance misuse, domestic violence, learning difficulties and mental health problems are common features in these cases. Provision of support for these families is fragmented and in spite of the strides made to improve working relationships between adults and children's services the resources to intervene are disparate and underdeveloped. There is a strong need to review the current configuration of resources to support families in this situation. This would involve a reconfiguration of some parenting resources currently operating at tier 3.

This would also require the development of more integrated approaches particularly with substance misuse and mental health teams with the possibility of a service aimed at providing a joined up approach to families with difficulties. A similar approach needs to be adopted with parents with learning difficulties. Seeking resources from adult services in the shape of psychological time, CPN time, Nurse time and adult and child psychiatry time will be critical. There would also be the need for the involvement of other key agencies such as housing.

Proposal 7: Resources currently aimed at providing support to parents at level 3 should be formally reviewed with a view to developing improved interventions where neglect and abuse is a concern.

8. Care Proceedings

8.1 The Public Law Outline

The Public Law Outline will come into force in April 2007. New guidance will be issued to local authorities regarding the processes for bringing cases to court where local authorities are seeking care orders. The rationale for the changes are related to

concerns that much of the work that needed to have been completed by local authorities prior to care proceedings was not done and this was leading to undue delay in care proceedings for children. Courts will in future be expecting a more robust exploration of alternative arrangements for children than removal from their parent's care. This will include attempts to engage parents through pre court meetings with their legal representatives. Holding meetings and Family Group Conferences with family and friends to avoid the need for care proceedings and also for children to become looked after is also a key feature of these changes. Southwark is about to re tender for Family group Conferences and this will support this initiative. In order for this approach to work additional resources from S.17 may be required to assist families where we are considering entering care proceedings.

Children's Social Care has taken steps to prepare ourselves for these changes and we welcome the vision contained in this approach. Legal aid funding will be generally more available for parents at an earlier stage and the hope is that this may allow us to avoid unnecessary proceedings.

Proposal 8.1: The Legal Planning Meeting Panel should continue to monitor the need for care proceedings and act as gatekeeper to care proceedings.

Proposal 8.2: The PLO should be implemented in full prior to April.

8.2 Substance Misuse

Southwark has not been included in the drug and alcohol court pilot which is due to begin at the Inner London Family proceedings Court in January 2008. The approach remains unevaluated in the UK but has been seen to be a success in the USA with rapid expansion in the number of courts operating the scheme. Certain components of the approach could be adopted by Southwark without the need to adopt the whole approach and this may be particularly of value where we are into removing children from mothers who have had previous children removed. It would require a commitment particularly from key adult agencies and housing in order for it to succeed.

Proposal 8.3: Action is taken to address the needs of parents with substance misuse problems and Southwark considers developing a targeted approach to parents who are misusing drugs and alcohol.

9. Section 20

9.1 1-5 Year olds

Many young children who come into the system under S.20 will do so as a result of parental crisis or difficulty. This may be related to an episodic occurrence such as a mental health problem, parental ill health, a relapse I substance misuse, entry into the prison system or a severe domestic violence incident. On occasion there may be a concern about physical abuse or neglect. Pre empting the crisis is not generally easy. However, establishing contingent arrangements for children whose parents

have such difficulties should be a requirement of adult agencies working with parents with such problems.

Proposal 9.1: Workers in children's service as part of their work with such parents should be expected to draw up contingency plans with parents who have such difficulties.

Children entering the care system under S.20 often do so because of concerns about parental neglect or episodic problems related to parent's difficulties. Some of these very young children will drift in the care system while the department waits for parent's difficulties to improve or while the neglect is addressed. While generally this will only be for a few weeks it can occasionally last months. A robust approach to rehabilitation for these young children is needed. In these circumstances a combination of practical assistance and parenting support will be needed.

9.2 6-11 Year Olds

Most 6-11 year olds entering and remaining in the care system are doing so as a result of care proceedings. Smaller numbers enter S.20 because of issues of abuse and neglect. These are usually short lived. For some children an active approach to finding relatives or friends who can look after the children is the best way

Practical parenting support and interventions aimed at improving parenting skills is clearly a very important part of intervention with some families. For others offering short term breaks for children who have chronic difficulties (ASD, Low Functioning Asperger's syndrome, ADHD) can be an important part

Proposal 9.2: Consideration is given to the development of a short breaks service for children with chronic problems related to parental problems or issues like ADHD and a set of criteria is established around their use.

9.3 11-13 Year Olds

Many 11-13 year olds who enter and remain in the care system are children with multi faceted problems. There is a strong correlation between problems in education and the likelihood of children entering the care system. In Southwark some young people moving from primary school to secondary school can be a period of great threat as well as a period of opportunity. Parents and carers can struggle to manage the difficulties raised. Children entering special schools or with statements can be at particular risk. Those with diagnoses of ADHD or ASD can be particularly vulnerable. These children can often enter the care system in crisis. Work with SEN to identify those children in Year 5 or Year who may be at particular risk needs to take place.

Proposal 9.3: Information is shared between SEN, children's social care and locality services about those children and Young People who are most at risk

of entering special school at the beginning of Year6 and team around the child approaches considered for these children around transitions (YR 6-7)

13-16 Year Olds

Engagement of Education, CAMHS and YOT in providing interventions is of critical importance. A focussed approach to those most likely to be at risk of entering the care system and targeting the schools (Bredinghurst, SILs) and the referral pathways through which these children travel (criminal justice system, YISPs etc) into care is also important.

ACT offers crisis interventions into families where there are concerns about children between the age of 13-16. This service requires evaluation to see if in working to its brief it is producing value for money. The ACT team is now working with SILs and engagement with the school should be maintained beyond the pilot period.

Proposal 9.4: Alternatives to Care Team evaluation is completed. Review of service to take place.

10. Parenting Support

There are a variety of parenting projects in Southwark and they can and should be harnessed to meet the needs of the most vulnerable children at risk of entering the system. Models like the Family Intervention Project, and the Parenting Pathfinder should be available as interventions for children to reduce the need for them to enter care. Expanding the capacity of the system to manage this should be considered.

Use of Section 17

Packages of care are generally used with great success in most local authorities Use of packages of support to support children remaining within their homes. This would include mentoring, day provision and assistance around crisis management.

11. Gate keeping

All Local Authorities who have managed the process of reducing LAC population have operated robust gate keeping approaches. At the moment children enter care in Southwark in a variety of ways and for a number of reasons. Most children enter in crisis. Sometimes immediate support, resources intervention or practical assistance can ameliorate the need. Many children enter care without a clear reason for or plan surrounding the accommodation. With additional targeted resources often the need for accommodation can be avoided. The resources that might assist would be practical

Proposal 10.1: Children should only become looked after in exceptional circumstances. Children should only become looked after when adequate assessment has been completed.

When managers make decisions children becoming looked after this maybe done because of lack of knowledge about alternative provision that might be available. Resources may need to be quickly allocated to avoid the need for children to become looked after. This will involve the full range of services being provided including use of S.17 payments, packages of support, practical assistance, parenting interventions, work with the housing department, practical help in the home, signposting to services available within localities etc. The panel will aim to look at resources that may avoid the need to accommodate and also at all children who have become looked after.

Panel should be composed of the following:

FRT Manager
FST Manager
YOT Representative
CIS representative
R&A Representative
Senior Manager

Proposal 10.2: Resource Panel is established to review all requests for accommodation children

Proposal 10.3: All newly accommodated children should be reviewed at the panel with a view to effecting early rehabilitation where appropriate.

Proposal 10.4 FGCs to be promoted and developed to assist in reduction in CLA Strategy